

Department of Revenue Services  
State of Connecticut  
PO Box 2990  
Hartford CT 06104-2990

**Form 207HCC EXT**  
**Application for Extension of Time to File**  
**Health Care Center Tax Return**

**207HCC EXT**  
**► 2003**

(Rev. 12/03)

**Important!** Please read instructions on reverse before completing this application.

<b>Taxpayer</b>  (Please Type or Print)	Name of Company		CT Health Care Center Tax Registration Number
	Address	Number and Street	PO Box
	City, Town, or Post Office Box		State
		ZIP Code	Date Received (FOR DEPARTMENT USE ONLY)
			Federal Employer Identification Number

**This is not an extension of time to pay tax. Penalties and interest may apply (See instructions).**

I request a six-month extension of time to September 1, 2004, to file **Form 207HCC, Health Care Center Tax Return**, for calendar year 2003.

The reason for the Connecticut extension request is .....

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— You will be notified only if your request is denied —

1. Total health care center tax liability for 2003. (You may estimate this amount.) Note: You <b>must</b> enter an amount on Line 1. If you do not expect to owe tax, enter zero (0) .....	► 1		
2. 2003 Connecticut estimated tax payments and any overpayments credited to 2003 .....	► 2		
3. Health care center tax balance due. (Subtract Line 2 from Line 1.) Pay in full with this form. If Line 2 is greater than Line 1, enter zero (0) .....	► 3		

Make check payable to: **Commissioner of Revenue Services.**

Write the company's Connecticut Health Care Center Tax Registration Number and "2003 Form 207HCC EXT" on your check.

Mail to: Department of Revenue Services  
PO Box 2990  
Hartford CT 06104-2990

**Declaration:** I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

<b>Sign Here</b>  Keep a copy of this return for your records	Signature of Principal Officer		Title	Date
	Print Name of Principal Officer		Telephone Number ( )	
	Paid Preparer's Signature		Date	Preparer's SSN or PTIN
	Firm Name and Address		Federal Employer Identification Number	

# Form 207HCC EXT Instructions

## Purpose

Use **Form 207HCC EXT**, *Application for Extension of Time to File Health Care Center Tax Return*, to request a six-month extension to file **Form 207HCC**, *Connecticut Health Care Center Tax Return*.

## Request for Extension

A health care center may request a six-month extension to file its Connecticut Health Care Center Tax Return provided there is reasonable cause for the request.

To request an extension of time to file Form 207HCC, a health care center must file Form 207HCC EXT and pay all the tax it expects to owe on or before March 1, 2004.

Form 207HCC EXT **only** extends the **time to file** the Health Care Center Tax Return. Form 207HCC EXT **does not** extend the time to pay the amount of tax due.

**We will notify you only if the extension request is denied.**

## Interest and Penalties

In general, interest and penalty apply to any portion of the tax not paid on or before the original due date of the return. If the tax is not paid when due, interest will accrue at the rate of 1% (.01) per month, or fraction of a month, from the original due date of the return until the tax is paid in full.

**Late Payment Penalty:** If tax is due, the penalty for late payment is 10% (.10) of the tax due or \$50, whichever is greater.

**Late Filing Penalty:** If no tax is due, the Commissioner of Revenue Services may impose a \$50 penalty for the late filing of any return or report required by law to be filed.

## Name, Address, and Tax Registration Numbers

Enter the company's name, address, Federal Employer Identification Number, and Connecticut Insurance Premiums Tax Registration Number in the spaces provided.

Make check payable to:

### Commissioner of Revenue Services

Mail to: Department of Revenue Services  
PO Box 2990  
Hartford CT 06104-2990

## Signature

The treasurer of the company, or an authorized agent or officer of the company, must sign **Form 207HCC EXT**.

### Paid Preparer Signature

A paid preparer must sign and date **Form 207HCC EXT**. Paid preparers must also enter their Social Security Number (SSN) or Preparer Tax Identification Number (PTIN), and their firm's Federal Employer Identification Number (FEIN) in the spaces provided.

## For Further Information

Call DRS during business hours, Monday through Friday:

- **1-800-382-9463** (in state), or
- **860-297-5962** (from anywhere)

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling **860-297-4911**.

### Forms and Publications

Forms and publications are available anytime by:

- **Internet:** Preview and download forms and publications from the DRS Web site at **[www.ct.gov/DRS](http://www.ct.gov/DRS)**
- **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu.

**Telephone:** Call **860-297-4753** (from anywhere), or **1-800-382-9463** (in-state) and select **Option 2** from a touch-tone phone.